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MAR 24 2009

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909 7590 12/30/2008

PILLSBURY WINTHROP SHAW PITTMAN, LLP
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,065	09/17/2003	Konstantin Nikolaevitch Koshelev	081468-0306001	3252 03/25/2009 NNGUYEN2 00000067 033975 10664065

TITLE OF INVENTION: RADIATION SOURCE, LITHOGRAPHIC APPARATUS AND DEVICE MANUFACTURING METHOD
01 FC:1501 1510.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1440	\$1510	03/30/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		Adjustment date: 03/25/2009 NNGUYEN2 08/06/2008 ADDRESS2 00000023 033975 10664065		
WELLS, NIKITA	2881	250-493100		01 FC:1501	1440.00 CR	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **PILLSBURY WINTHROP**
 2. **SHAW PITTMAN LLP**
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ASML NETHERLANDS B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Veldhoven, NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 033975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date **March 24, 2009**

Typed or printed name **Christopher F. Lair**

Registration No. **54,248**

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